

# Improving service quality

through well-trained, 'on the ground' teams

## The challenge: delivering better maternal, newborn and child health services

Nigeria has some of the highest rates of maternal, neonatal and child mortality in the world. These high mortality rates are also characterised by wide disparities between the north and the south, with consistently poorer indicators for maternal, newborn and child health (MNCH) in northern states.

Increasing the coverage of MNCH services is not enough to reduce maternal, neonatal and child mortality and morbidity. In order for such services to be truly effective in reducing mortality and morbidity, we must also ensure that they are of an acceptable standard and expected quality. This not only leads to better health outcomes, but it also results in improved clients' satisfaction, increased job satisfaction for health workers, increased utilisation of essential MNCH services and a reduction of delay in presentation at health facilities, which particularly affects treatment outcome of life-threatening complications.

During health facility baseline surveys, client satisfaction surveys, maternal and peri-natal death reviews and supportive supervision, it has been observed that MNCH services in the northern states are of poor quality, which adversely affects service utilisation and health outcomes. Increasingly, it is recognised that to address these failings and achieve the Millennium Development Goals related to MNCH, coverage and access to key interventions needs to be increased, but quality of care also needs to be improved.

## What is quality of care?

Quality of care is a complex issue with many definitions, each capturing different aspects. Those which are emphasised depend on the perspective of the person looking at them.

**Key messages:** Facility-based quality improvement teams are raising standards for maternal, newborn and child health services, particularly in northern Nigeria.

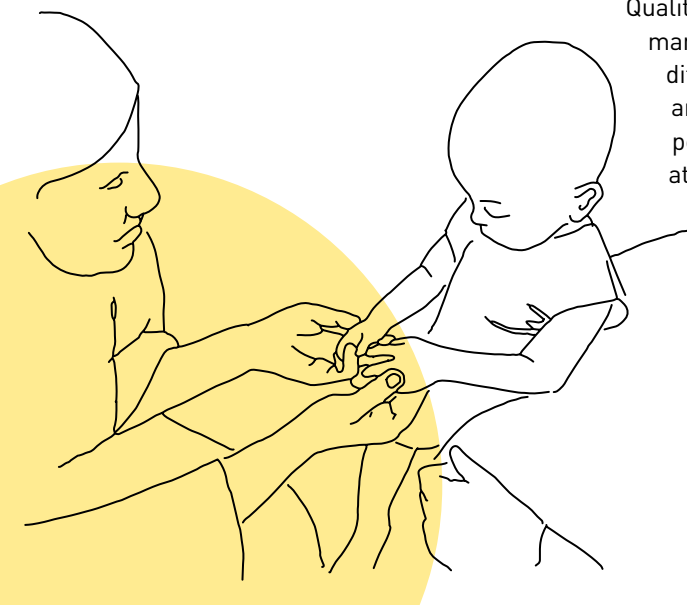
- 1** Improvements to quality of care can lead to better mortality rates, better utilisation rates, reduced delays in seeking care and improved morale among health workers.
- 2** PRRINN-MNCH has established quality improvement teams, identifying local solutions to quality of care issues and taking action to improve them, without the need for directives from the Ministry Of Health.
- 3** Basic but essential elements including health workers' attitude to patients, hygiene and staff punctuality are being improved through routine on-the-job training and mentoring but the initiative needs support at higher levels.

The main perspectives of quality of care in the health care setting are those of:

- Consumers (the patients, clients and the community at large)
- Health care providers
- Health planners, managers and coordinators.

The various dimensions of quality of care include:

- Effectiveness
- Technical competence
- Interpersonal communication
- Client/patient centred-ness (responsive-ness to clients' and patients' needs and expectations)
- Safety
- Efficiency
- Timeliness and continuity
- Equity.



THIS DOCUMENT IS ONE OF A SERIES OF KNOWLEDGE SUMMARIES THAT DRAW ON THE ACTIVITIES, RESULTS AND LESSONS LEARNED FROM THE PRRINN-MNCH PROGRAMME



Quality of care is also related to different dimensions of the health care system which incorporates structure, process and outcome.

**Structure:** the characteristics of the resources in the health delivery system (what has to be in place to provide services) such as the number of qualified staff, functioning equipment, number of road worthy vehicles, policy guidelines and management systems.

**Process:** what is actually done to and for the patient and how it is done.

**Outcome:** includes mortality, patient satisfaction, coverage and attendance levels.

It is important to focus on all of these aspects, as health outcomes are dependent on the effectiveness of all three.

## The response: establishing effective 'on the ground' teams

Improving quality of care can be achieved by establishing continuous Quality Improvement (QI) processes. The World Health Organization proposes, going 'beyond the numbers' and recommends some specific QI methods for MNCH, which assist in identifying quality of care problems and improve quality of these services.

Based on these principles, PRRINN-MNCH has developed a QI approach, initiating on-going QI processes in the Emergency Obstetric and Newborn

Care (EmONC) facilities it supports. Health facilities identify quality of care problems, analyse the root causes and come up with interventions to address these problems and improve quality of care. The ultimate aim is to reduce maternal, peri-natal and child mortality and morbidity and increase client, patient and staff satisfaction.

Trained QI teams have been established in the health facilities. A training manual and workshops have been developed for these teams. Four workshops, each lasting between two to four days, are conducted at intervals of three months. In this way participants gradually build up their knowledge and skills. In between these workshops participants apply the knowledge and skills developed within their own health facilities.

QI teams also conduct facility-based maternal and peri-natal death reviews, which help to identify critical shortcomings in quality of care and weaknesses in the organisation and provision of MNCH services. Criterion-based audit has been introduced as a means to assess the performance of health workers. Exit interviews with clients and focus group discussions in the community can also identify concerns of clients and patients.

PRRINN-MNCH has also developed clinical protocols for Emergency Obstetric Care (EmOC) and Essential Newborn Care (ENC) as well as minimum standards for service provision, which provide benchmarks for expected quality of care. These have been endorsed by the State Ministry of Health in Katsina, Yobe and Zamfara.

## The results: making changes sustainable

All EmONC facilities supported by PRRINN-MNCH have established QI teams, which meet regularly to discuss quality of care issues and initiate QI activities. This activity has resulted in quality of care improvements in:

- Health worker attitudes and behaviour towards clients and patients
- Staff punctuality
- Cleanliness and waste disposal
- Knowledge and skills through on-the-job training
- Management of patients
- Increased availability of resources, such as equipment and essential drugs
- Establishment of emergency cupboards in labour wards.

In each MNCH programme state, a team of QI trainers has been trained and mentored. They are then able to provide further QI training in their states.

## Policy implications

During this process, there have been some challenges. These have included: a lack of support from the local government and state level of the Ministry of Health (notably in providing necessary resources); a lack of supportive supervision of the QI team; and frequent transfer out of staff who were trained in QI. These issues will require continued attention for the programme to succeed.

## Conclusions

QI teams have learnt that many of the quality of care problems can be solved at health facility level instead of waiting for the Ministry of Health to act. They have also recognised that team work is important, as well as collaboration with health committees and communities, as this can help to mobilise resources. However, QI teams need support from higher levels in terms of supportive supervision and provision of resources. QI needs to be institutionalised in the State Ministry of Health, where a committee provides policy guidance, support and monitors the QI processes.



Partnership for Reviving Routine  
Immunisation in Northern Nigeria;  
Maternal Newborn and Child Health Initiative

The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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